

Pura Vida School of the Arts

❧ Parents Night Out ❧

Registration Form

Date: _____

Child's Name: _____ DOB: _____

Child's Primary Address: _____ Gender: _____

Parent/Guardian: _____

Relationship to Child: _____ Phone: _____

Additional Emergency Contact Person: _____

Relationship to Child: _____ Phone: _____

Child's Medical Information:

Allergies: _____

Medications: _____

Any other medical alerts, conditions, or concerns of any kind you wish us to know: _____

A few particulars:

Is your child toilet-trained? Yes No

Please list or note any behavior issues or tips you would like to share with us that can help us have a more pleasant and successful PNO:

Child's Preferences:

Board Games (circle two): Uno Dominoes Sorry
 Boggle Scrabble
Other: _____

Movie: (list top 3 choices) _____

Snacks: (circle three): fruit snacks popcorn cheez-its
 ice cream veggies
Other: _____

EMERGENCY MEDICAL RELEASE:

Please read and sign the following statement:

In the event of emergency or illness, I hereby give consent to a member of the administration of Pura Vida to secure medical attention and care for my child as necessary. I consent to have a representative make every effort to contact me immediately. I, the undersigned, shall assume all responsibility for payment and agree not to hold Pura Vida staff or administration liable for any illness or accident that occurs while in their care.

Print Name: _____ Date: _____

Signature: _____ Phone: _____

Child's Doctor: _____ Doctor's Phone: _____

Hospital Preference: _____

Insurance Provider: _____

Member ID: _____ Group ID: _____

Insurance Phone: _____ Name of Insured: _____

Liability Waiver Form

I wish to include my child/children in the Pura Vida Parents Night Out activities at Pura Vida, 1412 Judson Road, Longview, Texas. I verify that my child/children is/are free from any injuries or illnesses that could endanger them or other children participating in activities.

In consideration for my child/children participating in the Parents Night Out activities, I release and promise not to sue and hereby hold blameless all Pura Vida owners, staff members, employees, volunteers, family members, and all persons and entities (hereinafter "Released Parties") from any and all present and future claims resulting from any loss, damage, personal injury of any degree resulting from my child/children participating in the Parents Night Out activities, participating in activities related to the Fitness Center or PVSA school or Mother's Day Out program, or participating in any Pura Vida recreation programs or summer camps ("Released Claims"), including any injury or accident traveling to or from said event or while on the property. My release and promise not to sue and to hold blameless as described above applies both to claims that may be made by me and to claims that may be made by my family, my estate, my heirs, my representatives, and my assigns. I further agree to indemnify and hold harmless the released Parties for any claims arising as a result of my child/children participating in activities related to the Fitness Center, or participating in Pura Vida recreation or school programs. I understand that this Waiver and Release of Claims and Liability is intended to be as broad and inclusive as permitted by the laws of the state of Texas and I agree that if any portion is held invalid, the remainder of the Waiver and Release of Claims and Liability will continue in full legal force and effect. I further agree that the venue for any legal proceedings relating to my child/children's participation in Parents Night Out or to the Waiver and Release shall be in the state of Texas.

Participant's Release

I am freely signing this Waiver and Release. I affirm that I am at least 18 years old and that I am the parent, guardian, or have legal rights to sign this release. I have read this form carefully and fully understand that by signing this form, I am giving up legal rights and remedies that may otherwise be available to me and my child/children.

Date: _____

Name(s) of Child/Children: (print) _____

Name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: _____

Address: _____

Email: _____ Phone: _____

PHOTO CONSENT FORM

_____ I DO give permission for my child to have his/her photo taken during miscellaneous activities, while participating in the Pura Vida Parents Night Out program. I understand that these photos can and/or will be posted on the Pura Vida School of the Arts or Pura Vida Fitness websites, Pura Vida social media pages, and other promotional and advertising media to promote our school and other Pura Vida events and programs.

_____ I DO NOT give permission for my child to have his/her photo taken during miscellaneous activities while participating in the Pura Vida Parents Night Out program to be used or posted on the Pura Vida School of the Arts or Pura Vida Fitness websites, Pura Vida social media pages, and other promotional and advertising media to promote our school programs.

CHILD PICK-UP INFORMATION

Child's Name: _____

Primary Pick up person: _____

Vehicle Model: _____

Vehicle Color: _____

Alternative Pick up person: _____

Vehicle Model: _____

Vehicle Color: _____